

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0

b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Page 15A

Attachment 3.1A, Page 15A-1

Attachment 3.1A, Page 15E

Attachment 3.1A, Page 15E-1

Attachment 3.1A, Page 15E-2

Attachment 4.19 A&B, Page 13 *See attached page*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1A, Page 15A (96-10)

Attachment 3.1A, Page 15A-1 (new)

Attachment 3.1A, Page 15E (90-12)

Attachment 3.1A, Page 15E-1 (new)

Attachment 3.1A, Page 15E-2 (new)

Attachment 4.19 A&B, Page 13 (04-17) *See attached page*

10. SUBJECT OF AMENDMENT: These amendments bring the EPSDT audiology services, coverage, preauthorization and payment criteria up-to-date with current State, Federal and professional standards.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director

Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Nelson J. Sabatini

13. TYPED NAME: Nelson J. Sabatini

14. TITLE: Secretary, Department of Health & Mental
Hygiene

15. DATE SUBMITTED:

September 14, 2004

16. RETURN TO:

Susan J. Tucker, Executive Director

OHS - DHMH

201 W. Preston St., 1st floor

Baltimore, MD 21201

17. DATE RECEIVED:

Sept. 14, 2004

18. DATE APPROVED:

DEC 1 0 2004

FOR REGIONAL OFFICE USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Reserve Exam for Nancy B. O'Connor

21. TYPED NAME:

Nancy B. O'Connor

22. TITLE:

Acting Regional Administrator

23. REMARKS:

Pen and ink additions to items 3 + 9.

Added page 2 with additions for items 8 and 9.

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Program	Limitations
4.B. Early and Periodic screening and diagnosis of individuals under 21 years of age and treatment of conditions found.	<ol style="list-style-type: none">3. EPSDT participants are generally limited to a maximum of one EPSDT screen for each age interval specified by the Schedule of Preventive Health Care. However, the Program allows additional screening as deemed necessary.4. To receive orthodontic care, an individual case shall score a minimum of 15 points on the Handicapping Labio-Lingual Deviations(HLD) Index #4 and be dysfunctional, as determined by the Department or its designee.5. Audiological services are limited to EPSDT-screened recipients. In general, EPSDT participants are limited to:<ol style="list-style-type: none">a. One audiological evaluation per year;b. Hearing aids that are;<ol style="list-style-type: none">(1) not used or rebuilt;(2) sold on a 30-day trial basis;(3) non experimental;(4) fully covered by a repair warranty for a period of 2 years; and(5) insured for loss or theft for a period of 2 years per hearing aid.c. One hearing aid evaluation per dispensed monaural or binaural hearing aids;d. Two replacement ear molds per monaural and four per binaural hearing aids per year. Improperly fitted molds replaced at no cost to the Program;e. Forty-eight batteries per recipient per year with a monaural hearing aid or ninety-six batteries per recipient per year with a binaural hearing aid to be purchased no more frequently than every six months and in quantities of twenty-four or less for a monaural hearing aid;

TN No. 05-01

Supersedes

TN No. 96-10

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STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Program	Limitations
4.B. Early and Periodic screening and diagnosis of individuals under 21 years of age and treatment of conditions found.	<p>f. Two replacement cochlear implant external component rechargeable batteries per 12 month period;</p> <p>g. Two long and two short cochlear implant replacement cords per 12 month period;</p> <p>h. Replacement of hearing aids, hearing aid equipment, cochlear implant speech processors and other cochlear implant external components when the existing devices are not functional, not repairable and cannot appropriately correct or ameliorate the problem or condition.</p> <p>These limitations will be waived if medical necessity can be justified.</p>

TN No. 05-01

Supersedes

TN No. NEW

Approval **DEC 10 2004** Effective Date JUL 1, 2004

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Program	Limitations
Services that Require Preauthorization	<ol style="list-style-type: none"> 1. All orthodontic care 2. Unlisted vision fee schedule frames, lenses and optical aids, all contact lenses and replacement eyeglasses before expiration of the normal time limitations . 3. Hearing Aid Services <ol style="list-style-type: none"> A. The following require preauthorization: <ol style="list-style-type: none"> (1) Hearing aids. The following documentation must accompany all hearing aid preauthorization requests: <ol style="list-style-type: none"> (a) audiology report; (b) audiogram; and (c) written medical approval by a physician. (2) Unlisted hearing aid accessories; (3) Auditory brainstem response testing for recipients 3 years old or older, which will be preauthorized when one of the following criteria is met: <ol style="list-style-type: none"> (a) Failure of the child to provide consistent behavioral responses to auditory signals using procedures appropriate for the child's developmental age,

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Supersedes
TN No. 90-12

Approval **DEC 10 2004** Effective Date JUL 1, 2004

STATE PLAN FOR MEDICAL ASSISTANCE
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STATE OF MARYLAND

Program	Limitations
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Services that Require Preauthorization (continued)	<p>(b) Presence of neuromotor involvement or behavioral disorder, or both, which precludes observation of consistent behavioral responses.</p> <p>(c) Failure of the child to respond to test signal intensities appropriate to the child's developmental age using developmentally appropriate test procedures, or</p> <p>(d) Presence of inconsistencies in the results of the tests administered during audiological evaluation which suggest, but do not define, a hearing impairment.</p> <p>(4) Unlisted post cochlear implant external components.</p> <p>B. Preauthorization is issued when:</p> <p>(1) Program procedures are met;</p> <p>(2) Program limitations are met;</p> <p>and</p>

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STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Program	Limitations
Services that Require Preauthorization (continued)	<p>(3) The provider submits to the Program adequate documentation demonstrating that the service to be preauthorized is medically necessary (medically necessary means a service or treatment that is:</p> <ul style="list-style-type: none">(a) Professionally and clinically recognized as effective to meet an individual's medical need;(b) Directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment; and(c) Sufficient in amount, duration, and scope to reasonably achieve its purpose). <p>C. Preauthorization for audiology services expires 90 days from the authorized span of time that is issued by the Department and is valid if the recipient is eligible at the time the service is rendered to the recipient.</p> <p>4. Preauthorization requirements for dental services can be found under Dental Services.</p> <p>5. Diagnosis and treatment services are subject to the preauthorization requirements of other programs.</p>

TN No. 05-01
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STATE PLAN FOR MEDICAL ASSISTANCE
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STATE OF MARYLAND

Program

Limitations

Reserved For Future Use

TN No. 05-01
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STATE PLAN FOR MEDICAL ASSISTANCE
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- [2] Payments to case management providers will be on a monthly basis and include all actual personal care cases under management during the period specified. Payments are according to the fee schedule in effect.
- m. Medical Day Care Services – Payment for medical day care services shall be on a per diem basis. The rate for the period November 1, 2003 through June 30, 2004 is established at \$64.66 per day. Effective July 1, 2004, and at the start of each State fiscal year thereafter, the per diem rate shall be adjusted by the percentage of the annual increase or decrease in the March Consumer Price Index for All Urban Consumers, medical care component, Washington-Baltimore. The maximum annual increase shall be 5 percent.
- n. Hearing Aid Services – Hearing aids and accessories are reimbursed at the provider's acquisition cost which is defined as the actual cost of a product to a provider. For repair materials, the maximum reimbursement is acquisition cost. All professional services are reimbursed according to the fee schedule or the provider's usual and customary charge, whichever is less.
- o. Oxygen and Related Respiratory Equipment.
- [1] For covered services at the lower of:
- [a] The provider's customary charge to the general public;
 - [b] The Department's fee schedule.
- [2] For repairs to purchased respiratory equipment in accordance with the following:
- [a] Actual cost to the provider for all materials; and
 - [b] Reasonable charges for labor, not to exceed the usual and customary charges for similar services in the provider's area; or

TN No. 05-01

Supersedes

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TN No. 04-17

SPA 05-01 - ATTACHMENT TO CMS FORM 179

Item

8. Page number of the plan section or attachment:

Attachment 3.1A, Page 15-F
Reserved for Future Use

Item

9. Page number of superseded plan section or attachment:

Attachment 3.1A, Page 15-F(90-12)